



Refugee Health Assessment Quick Reference Guide

All refugees should have a comprehensive health screening within 90 days of arrival in the U.S. After the exam, **complete** the Wisconsin Department of Public Health Initial Refugee Health Assessment [DPH 42017] and **return it to your local health department.**

The Screening Should Include:

HEALTH HISTORY, PHYSICAL EXAM INCLUDING VISION/ HEARING/ ORAL HEALTH ASSESSMENT

IMMUNIZATION REVIEW AND UPDATE

- Record previous documented vaccines, lab evidence of immunity or history of disease; doses are valid if given according to Wisconsin child or adult schedules.
- Do not restart a vaccine series.
- Update immunizations as indicated.
- If no documentation, assume patient is unvaccinated. Give age-appropriate vaccinations per the WI child or adult schedule.

TUBERCULOSIS SCREENING

- Apply Mantoux tuberculin skin test for patients >6 months of age, regardless of BCG history.
- Apply Mantoux skin test to all patients 6 months or under if the child has HIV infection or if the child was exposed to an individual with active TB disease.
- Read Mantoux within 48-72 hours (measure mm of induration, **not erythema**).
- Chest x-ray **MUST** be done if:
 - Mantoux is positive (≥ 10 mm) **OR**
 - Refugee has a Class A or Class B TB condition (per overseas exam) **OR**
 - Patient is symptomatic, regardless of Mantoux results.
- Document treatment prescribed in Wisconsin and the date the treatment began.

TUBERCULOSIS (TB) IN WISCONSIN

- 58% of TB cases in Wisconsin are foreign-born.
- Foreign-born persons are more likely to have drug-resistant TB.
- Wisconsin Public Health Department provides **FREE** TB medications for persons with infection or disease.

ORAL HEALTH

- Conduct a basic DPH oral health screening. Check screening "not done" if you have not been trained to do this screening.
- Topical fluoride applications for infants and toddlers and dental sealant placement for children with erupted 6 and 12-year molars may be indicated in accordance with Medicaid Policy.

HEPATITIS A SCREENING

- Administer Hepatitis A screening panel for **Hmong** refugees <19 years old who have not been vaccinated >4 weeks ago. Screening should include anti-HAV total, IgM anti-HAV, and ALT, if the IgM anti-HAV is positive.
- Administer Hepatitis A vaccine to all susceptibles who are between 2 and 18 years of age unless they are known to have received at least one dose of the vaccine.

HEPATITIS B SCREENING

- Screen all new arrivals for HBsAg, anti-HBs, anti-HBc and IgM anti-HBc.

- Vaccinate all susceptibles (i.e. those who are negative for all HBV markers).
- Patients testing positive for anti-HBs are immune, no Hep B vaccine is needed.
- Refer all carriers (HBsAg positive) for additional medical evaluation. All susceptible household and sexual contacts of carriers should be screened and vaccinated.

SEXUALLY TRANSMITTED INFECTIONS (STI)

- Screen for syphilis with VDRL or RPR; confirm all positives.
- At provider's discretion, screen sexually active patients for other STI's
- Use urine testing for GC/chlamydia if possible.

PARASITE SCREENING

- Collect 3 stool specimens more than 24 hours apart. Eosinophilia requires further evaluation for pathogenic parasites, even with 3 negative stools.

MALARIA SCREENING

- Screen if symptomatic or if from an endemic area and suspicious history. Obtain 3 thick and thin smears to screen.

LEAD SCREENING

- Screen if child is <6 years.
- Refer to Public Health and medical follow-up if BLL \geq 10mg/DL.

RECOMMENDED LAB TESTS FOR FIRST VISIT

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|--|---|
| <input type="checkbox"/> Varicella titer if no report of disease history or vaccination. | <input type="checkbox"/> Pregnancy test, if indicated. |
| <input type="checkbox"/> Hepatitis A screening for Hmong refugees <19 years old (anti-HAV total, IgM anti-HAV and ALT) who have not received the Hepatitis A vaccine > 4 weeks ago. | <input type="checkbox"/> UA/UC, if indicated. |
| <input type="checkbox"/> Hepatitis B screening (HBsAg, anti-HBs, anti-HBc and IgM anti-HBc). | <input type="checkbox"/> Blood lead level for all children up to age six and others as indicated. |
| <input type="checkbox"/> VDRL or RPR, urine for GC/chlamydia if indicated. | <input type="checkbox"/> Stools for ova and parasites; send home containers and instruct patient on collection. |
| <input type="checkbox"/> Hemoglobin/hematocrit. | <input type="checkbox"/> CBC with differential. |
| | <input type="checkbox"/> Malaria screening if history or symptoms are suspicious of malaria. |
| | <input type="checkbox"/> Other labs, as appropriate, for follow up. |

REFUGEE HEALTH RESOURCES

- Wisconsin Refugee Health and Tuberculosis Program
<http://dhfs.wisconsin.gov/international/refugee>
- Wisconsin Immunization Program
<http://dhfs.wisconsin.gov/immunization/index.htm>
- Office of Global Health Affairs
<http://www.globalhealth.gov/oirhrefugeehealth.shtml>
- National Institutes of Health MEDLINE plus
<http://www.medlineplus.gov>,
- Refugee Health ~ Immigrant Health Web
http://www3.baylor.edu/~Charles_Kemp/Infectious_Disease.htm
- CDC- International Emergency and Refugee Health Branch
<http://www.cdc.gov/nceh/ierh/default.htm>
- United Nations Refugee Health Agency
<http://www.unhcr.ch/cgi-bin/texis/vtx/home>
- U.S. Department of Health and Human Services
<http://www.acf.dhhs.gov/programs/opa/facts/orr.htm>

**YOUR LOCAL HEALTH
DEPARTMENT IS:**

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